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REVIEW OF A TREATISE ENTITLED "THE PATHOLOGY AND TREATMENT OF LEUCORRHOEA.*"

BY LUTHER PARKS, JR., M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

UNDER the above title Dr. Smith has presented the medical public with a most valuable work, elucidating in a masterly manner the minute anatomy and physiology of the uterus, and offering highly valuable suggestions as to the pathology and treatment of certain of its diseases. Such are the accuracy, thoroughness and clearness of its descriptions, and the weight and soundness of many of the views it propounds, that we feel ourselves warranted in commending the work to the attentive perusal of all who desire light upon, or are interested in, the subject of the uterus and its lesions.

The fine plates it contains, too, though less elegant as they appear in the separately-published monograph than as they were given in the Medico-Chirurgical Transactions for 1852, are an additional attraction.

The title of the work, however, we cannot consider quite appropriate. For although the author attempts to make leucorrhœa the key to much of the pathology of the uterus, we hardly think he has entirely sustained himself in the attempt. He has hardly proved his right to place that lesion at least so generally as he does at the root of structural lesions, such as inflammation, hypertrophy, &c. That leucorrhœa is a most frequent concomitant of these affections, all will freely grant. But that in this discharge is to be found the essential pathological fault, we cannot consider proved. We think it much more reasonable to place inflammatory affections behind leucorrhœa in the chain of causation, than to reverse the order. Let leucorrhœa and inflammatory engorgement come on, for example, in a given case—a stoppage of the menses by exposure to cold having preceded both. Is it not far easier to suppose that the latter produced the former, than that the engorge-

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ment was produced by a mere hypersecretion? Or, if the symptoms have developed themselves more gradually, the relative positions of cause and effect may be less manifest, but I can see no valid reason for inverting them.

That even abrasion may occur without leucorrhœa is shown in a case of my own, now under treatment. The abrasion was marked, and attended with marked symptoms, as pain in the back, lassitude, &c. But never has there been, from first to last, any leucorrhœa at all.

We do not wish to deny, however, that this particular form of inflammatory lesion—abrasion—and, also, perhaps that of ulceration, may be the *immediate* effects of leucorrhœal discharges; nor that they may usually be so. I think nothing more reasonable than to suppose that a discharge, acrid enough to excoriate the external surface of the body, may abrade the cervix uteri, particularly as the most frequent seat of the abrasion is that portion of the uterine neck shown by Smith to be analogous in structure to the skin, and is particularly exposed to contact with whatever issues from the cervical canal. We simply contend that the leucorrhœa itself is the result of antecedent engorgement or inflammation; and herein it is that we differ from Dr. Smith.

Hypertrophy and induration, also, Dr. Smith makes the effect of leucorrhœa. We prefer to refer them to inflammatory affections—lesions by which they are caused in the other organs of the body.

In the first three chapters Dr. Smith describes the minute anatomy of the vagina, and os and cervix uteri, the secretions of these parts, and the glandular structure of the cervical canal.

After stating that "the vaginal canal is formed of an external contractile sheath, a middle erectile layer, and an internal mucous or cutaneous lining," he goes on to say that "the mucous membrane is studded with large papillæ, or villi, which are very numerous in the lower part of the canal, but diminish in number on passing upward towards the os uteri. At the entrance of the vagina these papillæ are large and club-shaped, and they are frequently double or even treble at their extremities, two or three of them appearing to grow from a single stalk. The whole of the vaginal mucous membrane is covered by a layer of pavement epithelium, which is thicker in the upper part of the vagina than at the orifice. The coating of epithelium, and the sub-epithelial papillæ, are the parts of the vagina most largely concerned in vaginal leucorrhœa."—Page 5.

He finds the mucous covering of the *external or vaginal portion of the os and cervix uteri* to consist, like the mucous membrane in other parts of the body, "Of, 1, epithelium; 2, primary or basement membrane; and 3, fibrous tissue, bloodvessels and nerves;" but to present numerous points of special character. The disposal in rugæ, he says (the arrangement of which he has elaborately described), "of the mucous membrane lining the canal

of the cervix uteri is such as to afford a very large extent of glandular surface for the purposes of secretion. In effect the cervix is an open gland."—p. 28. The epithelial layer, he further informs us, of the mucous membrane of the os uteri, and exterior portion of the cervix, is tessellated or squamous, and closely resembles vaginal epithelium. Between the margin of the lips of the os uteri, and the commencement of the penniform rugæ, within the precincts of the cervical canal, a small tract of smooth surface is usually found, which to the naked eye seems of more delicate structure than the neighboring parts, and when examined by the microscope, is found to be composed of cylinder epithelium arranged after the manner of the epithelium covering the villi of the intestinal canal. In the rugous portion of the cervical canal the cylindrical epithelium becomes ciliated.

I would say here that these results tally with those of certain observations made by myself, before I had seen Dr. Smith's paper, except that I did not meet with any ciliated or cylinder epithelium, not having examined the membrane *lining* the cervix, but only the discharge issuing from the cervical cavity. I can testify, however, to the accuracy of Dr. Smith's delineation of "mucous discharge from the healthy cervix uteri" given at fig. 16.

In further, and far stronger, support of our author's observations, we will mention that Bischoff, in a case examined by him, found the epithelium of the *vagina* to be of the pavement variety, and that of the *cervix*, *body of the uterus*, and *Fallopian tubes*, to be of the cylindrical form. He found no ciliated epithelium.

According to Dr. Smith, there are, beneath the layer of epithelium, both of the exterior and interior of the cervix, numerous villi or papillæ containing looped bloodvessels passing to the end of the villi, and returning to their bases—then inosculating with the bloodvessels of the neighboring villi.

The lining membrane of the vagina he shows to resemble much more closely the *skin* in its intimate structure, than it does true mucous membrane. This fact is interesting taken in connection with the difference between the secretions of the vagina and those of the uterus. This difference is at once microscopical and chemical—the re-action of the uterine secretion being alkaline, and that of the vaginal, acid.

Chapter fourth is given to a description of "the different forms of leucorrhœa." "Leucorrhœa admits of a similar division," he says, to that established between the [normal] discharges of the vagina and cervical canal. "The first, and most frequent and important, is the mucous variety, consisting chiefly of mucous corpuscles and plasma, and secreted chiefly by the follicular canal of the cervix. The second is the epithelial variety, in which the discharge is vaginal, or is secreted by the vaginal portion of the os and cervix, and consists for the most part of scaly epithelium and its *debris*. These two varieties may of course exist in various degrees of combination; sometimes the one and sometimes the other preponderates,

or is the original affection; but the chief importance must be given to cervical or mucous leucorrhœa as being the most obstinate and common."—page 53.

"In cervical or mucous leucorrhœa the glandular portion of the canal of the cervix uteri is the chief source of the discharge."—p. 54. * * * On pages 78 and 79 he says, "there are * * many reasons for believing that leucorrhœa very rarely depends upon the mucous membrane of the fundus and Fallopian tubes;" and among these reasons mentions the deficiency of the glandular structure above the os internum, the fact that he has never found any excessive secretion in the cavity of the fundus, and the impossibility that any of the secretion in pregnancy, in which state it is very common, should come from the cavity of the fundus.

Turning back to page 54, we find it written that "in the first instance the leucorrhœal discharge consists of nothing more than an unusual quantity of the elements found in the healthy mucus of the cervical canal"—quantities of mucous corpuscles and oily particles, with particles of epithelium entangled in the viscid alkaline plasma. "The presence of oily matter in the discharge from the cervix is constant, and so is the presence of occasional particles of scaly epithelium, which, as I have before remarked, appears to ascend from the vaginal portion of the os and cervix." "In other cases of cervical leucorrhœa, the secretion is so profuse and watery that the traces of viscosity are nearly lost. Instead of the consistent plasma, which is one of the common elements of the cervical discharge, a watery serum is poured out in considerable quantity."—page 57.

"In vaginal or epithelial leucorrhœa the seat of the discharge is in the muco-cutaneous lining of the vagina, and the portion of this membrane reflected over the external surface of the cervix to the margin of the os uteri."—p. 57. "The secretion * * * consists entirely of epithelium in every possible phase of development, mixed with acid mucous plasma."—p. 58.

"I have not found," he says, "the mucous follicles at the entrance of the vagina a frequent source of leucorrhœa in adults; but the leucorrhœa met with in young children is principally derived from these glands, and consists of scaly epithelium and numerous corpuscles."—p. 60.

Dr. Smith found the following elements in the discharges in vaginal or epithelial leucorrhœa of different degrees of severity, viz.: 1. Acid plasma; 2. Scaly epithelium; 3. Pus corpuscles; 4. Blood globules; 5. Fatty matter.

In the different forms of cervical or mucous leucorrhœa he found—1. Alkaline plasma; 2. Mucous corpuscles; 3. Altered cylinder epithelium; 4. Pus corpuscles; 5. Blood globules; 6. Fatty particles.

In chapter fifth he describes inflammation, abrasion, ulceration, induration and hypertrophy as *sequelæ* of leucorrhœa. As has been seen, so far as inflammation and hypertrophy (and we may add

induration) are concerned, we take exception to this mode of viewing the subject. But the changes themselves alleged to be sequelæ are admirably described.

In chapter sixth, on "The relations between secondary syphilis and leucorrhœa," Dr. Smith argues the frequent dependence of the discharge on the constitutional taint, and supports the views of those who maintain that secondary disorder may be transmitted from husband to wife through the ovum without the occurrence of primary disorder in the female. He gives strong cases bearing on the latter point, which would seem almost conclusive, were it not that the tendency to mendacity belonging to the disease makes one feel, in dealing with the statements of patients on venereal questions, as though he were treading on quicksands.

Passing over chapter seventh, on "The relations of vaginal or epithelial leucorrhœa to gonorrhœa in the female; to urethritis in the male; and to the ophthalmia of new-born infants," we come to chapter eighth, in which the author treats of the anatomy and pathology of the ovula nabothi. The opinion now commonly held that the glandulæ nabothi are obstructed mucous follicles is controverted by Dr. Smith, who says that they are often found in situations where mucous follicles cannot be detected, and thinks them a form of vesicular disease, seated in the deeper structures of the mucous membrane. He says that objects which seem to be real obstructed mucous follicles are sometimes seen in the middle of the cervical walls, but that their appearance and contents are very different from those of the nabothian bodies. He describes them as transparent, their covering being a thin fibrous membrane, and their contents a white pearly coagulated matter, in which numerous granular corpuscles and minute points of oil are found.

Accompanying these bodies, there is sometimes found, according to Dr. Smith, who claims to have been the first to describe it, a state of partial inversion of the lower part of the cervical canal, consequent, as he thinks, upon long-continued irritation. A glance, however, at the original colored plate representing this lesion, in the *Medico-Chirurgical Transactions*, gives the impression of something more than mere irritation.

In chapter ninth, on "The relation of leucorrhœa to disorders of the function of menstruation," Dr. Smith pertinently asks, "why should leucorrhœa in one case cause amenorrhœa, and in another the opposite state of menorrhagia?" His reply may be, perhaps, equally applicable on any theory of the pathology of the disease—that in some cases it "debilitates the ovaria and fundus uteri," and in others it "irritates" them.

Chapter tenth is on "The relation of leucorrhœa to sterility and abortion." After alluding to the production of sterility through the intervention of disorders of the menstrual function, he speaks of the prevention of conception by changes in the chemical reactions of the vaginal and cervical secretions. Mr. Newport, he says, p. 165, in experiments on the ova and spermatozoa of am-

phibia, "found that when semen in which the spermatozoa were active and abundant was exposed to a weak solution of potass, the spermatozoa became motionless, shrivelled up, and were speedily dissolved and destroyed. He also observed that when dilute acetic acid was applied to the spermatozoa they quickly lost all vitality, and were left extended and motionless." Now, by the side of this statement it is worth while to consider the results of Dr. Smith's examinations, in which he has "found that in vaginal leucorrhœa the acidity of the secretion is always considerably increased, unless the vaginal membrane pours forth pus, or some other complication is present; while in cervical leucorrhœa the alkalinity is as constantly deeper than it is in a state of health. Probably in leucorrhœa, other qualities hurtful to the spermatie particles are present in addition to mere acidity or alkalinity."—pages 164 and 165. The fact that the seminal fluid is itself alkaline should be borne in mind in this relation.

To the following declaration in the opening paragraph of chapter eleventh, on "The constitutional and local causes of leucorrhœa," we fully subscribe, viz., "we shall greatly err if we give undue prominence either to the local or constitutional causes of these disorders."

But, in closing the chapter Dr. Smith reiterates the expression of his dissent from the opinions "which refer almost all the conditions upon which leucorrhœa depends, to inflammation of the os and cervix uteri." In chapter fifth, be it remembered, he distinctly declares his belief that inflammation is but one of the sequelæ of leucorrhœa, which latter lesion is the essential disorder. Really, *the opposition to Dr. Bennet dies hard*. Compelled to acknowledge that there is such a thing as ulceration, that abrasion is frequent, that inflammation and hypertrophy are not unfrequent—it takes refuge in the assertion that all of these are mainly dependent on what?—a mere hypersecretion. For, in order that our author's theory should be consistent with itself, it is under the necessity of assuming that when leucorrhœa is constituted a *perverted* secretion by the presence of pus corpuseles and blood globules (see page 472), it is in consequence of an inflammation set up itself by, and a mere symptom of, leucorrhœa. To fortify himself in this position Dr. Smith adduces, by way of illustration and analogy, the effects of "discharges from the eyes, ears, nares and mouth" upon the skin in their neighborhood—a most unfortunate comparison, it seems to us, for his side of the question. What is it that gives to these discharges that acridity, in consequence of which they excoriate the skin so extensively? Is it the mere excess of the secretion—of the lachrymal gland, for instance? It has indeed been said that *grief* sheds *scalding* tears. But, I for one have never happened to be called to a case of scalding from this cause.

Or, to speak pathologically, if an instance of prolonged and excessive, but unperverted discharge be demanded, let us take that of

stillicidium.* Does the discharge in that excoriate? What, then, is it, I ask again, that in the cases of excoriation above alluded to by our author, gives to these discharges their acidity? Is it not clearly the antecedent inflammation?

In asserting, then, that leucorrhœa is the essential lesion in the more ordinary non-malignant uterine affections, Dr. Smith takes the burden of proof on his own shoulders. And, I repeat, I cannot see that he has shifted it—that he has made out his case.

But since, according to Dr. Smith, leucorrhœa is not the consequence but the cause of inflammatory affections of the cervix, it may be interesting to note to what he ascribes the former lesion itself. The principal of them he says are—plethora; debility; prolonged lactation; the strumous habit; *skin diseases*, affecting the *mucocutaneous* vagina and exterior of the cervix; the influence of climate; rectal, vesical and urethral, vaginal and uterine, irritation; gestation; abortion and labor.

Leucorrhœa in children, he says “consists almost entirely of a discharge from the glands of the vulva” * * * and “is caused chiefly by constipation, ascarides, neglect of cleanliness, and other local causes. It sometimes occurs as a manifestation of strumous disorder” (p. 186), and sometimes, he adds, from the irritation of dentition, the eruption of almost every tooth being attended with mucous or *mucopurulent* secretion, and *inflammation of the vulva*.

The concluding chapter is upon the treatment of leucorrhœa, and is for the most part sound and instructive, except in the fundamental point of treating it as the essential disorder. Space remains to us for the discussion of only one or two points.

That “in the great majority of cases constitutional and local measures are both required for anything like a permanent cure of the disorder;” and that “the cases are comparatively few in which a tonic treatment is not called for,” are maxims to which we are inclined to attribute much weight.

Under the head of *caustic applications*, we find the following passage:—“It has been said that an hypertrophied cervix can be melted down by the use of these destructive agents; but this simply means that portions of the os and cervix uteri may, like other soft tissues, be destroyed by caustic; for it cannot be contended that when violent escharotics are applied to the uterus the morbid elements are alone affected, the proper structure of the organ remaining intact.”

Now against this sweeping assertion we must protest. To burn away the cervix uteri is *not* the use for which caustic potash is recommended by Bennet. Such employment of the agent is simply an *abuse*. I have used both the potash, and the potassa cum calce, for the reduction of hypertrophy, and have seen the lesion gradually but steadily disappear under the employment of these reme-

* I mean, of course, stillicidium, from mere obstruction without present inflammation.

dies, simply as *issues*. The cylinder of potash, with or without lime (better the former), I apply generally only in one spot. The consequence is a slough, the diameter of which is a little larger than that of the cylinder. The extension of the caustic may be prevented, it is well known, by acetic acid or vinegar. Under the influence of the issue thus made, the reduction of the hypertrophy takes place, and, I may add, the work of resolution does not stop with the healing of the eschar.

That, however, the caustic potash has been injudiciously employed and with disastrous results, I am well aware. And that practitioners should be cautioned again and again, as to the use of these agents, I do not wish to disguise. Portions of the cervix uteri, it is true, have been burned away; adhesions between that organ and the vagina have been produced; and entire closure of the cervical canal has been brought about. I am cognizant of a case in which Dr. Bennet has been obliged to open up a new channel to the uterine cavity in consequence of the entire obliteration of the cervical canal, from the imprudent use, or the *abuse*, of violent escharotics, in the hands of another practitioner. Such accidents, however, I am able to say, do not occur in the practice of Dr. Bennet—neither need they occur to any one, if *cases are well watched, and proper precautions are taken*.

To sum up the principal points to be borne in mind with regard to the remedies in question, the *potassa fusa* and *potassa cum calce* we regard as valuable remedies *lightly applied* for intractable inflammatory affections, particularly within the cervical canal; and, in *prolonged contact** with the exterior of the cervix, for the *production of sloughs* to reduce hypertrophy. The *potassa cum calce* has this advantage, in some respects, over the *potassa fusa*—that its tendency to spread is less. The eschar made by the *potassa fusa*, or the *potassa cum calce*, when within the cervix, should be carefully watched, and be dressed with nitrate of silver, till quite healed, as the caustic potash is preëminently adapted for closing up a morbidly-open cervix, and if not used with great care, may morbidly close it.

The very judicious views of the author upon the *sexual function* have already been commended in the editorial notice of the book which appeared in the *Journal* a short time since.

Upon the question of rest and recumbency, with which we shall terminate our remarks, Dr. Smith offers views differing somewhat from those usually promulgated. He says, "As an adjuvant to other measures, moderate restraint as regards exercise is very valuable, but its extent should depend upon the severity of individual cases. Patients should be in the open air as much as possible short of fatigue, and they should lie down an hour or two in the middle of the day according to circumstances. There are very few cases met with in private practice, in which carriage exercise,

* From one to three minutes.

or riding in a chair, cannot be borne, and with advantage. It is only in the very worst cases that patients should be positively confined to the sofa or couch. It is always a hazardous matter to prescribe absolute rest to such patients. Nothing develops the hysterical temperament so certainly as the entire deprivation of exercise."—p. 211.

We think these remarks eminently judicious and well timed. Rest in the recumbent posture has been laid down in the books, and also by some insisted on, as a part of the classical treatment. I have no doubt that it would be in many cases serviceable, to a certain extent; and in some, necessary. But the maintenance of this posture for a great length of time is inconvenient and irksome in the extreme, and often impracticable. What with those who *will* not, and those who, from the nature and urgency of their avocations *cannot*, resort to it, the matter is out of the question in a large proportion of cases. It becomes important to inquire, then, is it always or generally necessary? We answer with confidence in the negative. I have very rarely been obliged to resort to it in the treatment of my own cases. But, what is more to the purpose, let us recollect the hundreds of cases of recovery in the hands of Bennet, Murphy, Oldham, &c., among the *out-patients* of hospitals, dispensaries, &c. We close by again heartily commending the book.

June, 1855.

CERTIFICATES TO THE EFFICACY OF SECRET REMEDIES.

[Communicated for the Boston Medical and Surgical Journal.]

THERE are few ways in which good-natured people are doing so much harm, while meaning to do good, as in signing their names to medical certificates, to be distributed all over the land in the public newspapers, or thrust upon us, whether we will or no, at our very doors. This has got to be a crying evil in the land, and it is time it was corrected. It is doing much, very much, to impair the faith in remedies properly given, to shake confidence in the medical profession, and thus incidentally to re-act upon the community to their great disadvantage. It is a gross injury to the medical profession. It constantly taunts them with the insinuation, "Look here! what all your boasted science could not do, this man whom you denounce as an ignoramus, has done! This medicine has cured me; yours did me no good, and I might have been in my grave for all you! From this time forth, fling doctor's physic to the dogs, and let me have only the healing drugs of the inspired natural physician!" Waiving for a moment all question as to the amount of real efficacy in the remedies thus vaunted—granting even, for argument's sake, that the facts are as stated, what does it amount to? Only that a drug taken at the right moment has wrought a good effect, no more. For this shall it be emblazoned in every newspaper sheet as the great catholicon?

Why, here are two hundred physicians in Boston, doing, with the blessing of Providence, precisely the same thing every day ! And are they justified in proclaiming their skill and the power of their remedies for this reason ? No true physician, at any rate, would give an affirmative answer. And yet their patients forsake them, or secretly use while under their care any nostrum their assiduous friends recommend. Or if they ask the advice of their physician as to the expediency of trying the remedy, he has no means of knowing its real character, and of course cannot recommend it. Still human nature is such that even the mystery which shrouds it gives it a fascination, particularly if the dose be *pleasant to the taste*. Men of respectable position in the community give up their business to devote themselves to the sale of the article, and untold sums are their reward. Grateful patients eagerly subscribe the certificate of its real or supposed virtues, while yet in the flush of their enthusiasm at its efficacy, and the document goes to the world, to add one more to the legion of medical delusions which are a stigma upon the present generation. Let any intelligent man go into a public hospital, and he will find numbers of patients who will tell even more extraordinary experiences of their own—how they were full of pain, motionless, helpless, but in twenty-four hours they were changed men, to all intents and purposes cured. Others will tell you that for years they had not had the use of their limbs, but now they walk rejoicing. Happy as these occurrences are, blessed indeed to the patients, the physician who has been the fortunate instrument in bringing them about does not, or ought not, to claim any exclusive merit ; rather does he most willingly point out to his professional brethren the means he has used with such success. Thus is the blessing extended beyond his own immediate sphere, and no selfish thought of personal profit limits the exercise of his professional benevolence. The medical journals are crowded with reports of just such cases, which go forth over the whole world to bless mankind. Nay, *these very remedies* are not unfrequently taken up by shrewd nostrum venders, and after being disguised by some inert addition, are sold to the unsuspecting public at a profit of thousands per cent., without the least credit being given to the man who first applied it for such a purpose. But there is another very important consideration which is entirely overlooked by the patent-medicine-swallowing, or the puffed-medicine-swallowing community, which is this—*medicines positively effective for good are equally powerful for evil*. The knife is a catlin with two edges, let him who uses it see that he cuts not his own fingers. And this is no imaginary casualty. It is a fact well known to physicians, that cases are frequently brought under their own observation, of excellent remedies having been taken to great excess when not administered by the direction of a professional man. It is astonishing to see the recklessness with which people sometimes do this, taking *ad libitum* the most powerful medicines of the pharmacopœia, simply because under some circumstances they have been

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recommended to them by some respectable physician, who never intended they should be adopted into such promiscuous use. The charity of these good people is most liberally extended to their friends, inducing them to take the same, they alone being responsible for the consequences. And the reason for this—not always, but often—is to avoid the necessity of paying the physician the fee which is his due for advice on the subject. Again, supposing the secret remedy to have been effectual in certain cases, *the cases in which it has failed or done harm* far outnumber them, and of these the community hears not. Many of the cases of supposed cure turn out to be only transiently benefited, and the deluded sufferer only falls back again into greater hopelessness. Meanwhile the certificate stands, and money pours into the pocket of the nostrum-vender—what else does he care for?

We would remark in conclusion that—medical discoveries should be the property of the human race; as free for the use of mankind as heaven's natural gifts of light and air. Only when open to such unrestricted use can their real value be tested. The noble calling of physician ought not to be degraded to a mere matter of making money; the community are as much interested in this as physicians, perhaps more so. By following the course which is getting to be so common, they are discouraging and starving those whom they ought to regard as their true friends.

POLYPUS OF THE UTERUS.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. M., æt. 45, has been married twice, and borne eight children, the youngest of whom is 4 years old. Had no difficulty through her pregnancies and labors; has not menstruated for six months; thinks herself pregnant. The 13th of March, 1855, I was called in haste, and found her flooding, with severe pain in the region of the uterus and back; pulse considerably excited; blanched and anasarcaous; abdomen the size of a woman six months gone; says she feels the child move, and has for the last eight weeks, but the movements are confined to the left side, and are of a fluttering character. I made no examination, but immediately administered plumbi acetat. and pulvis opii with cold applications, till the hemorrhage ceased and the uterus became quiet. Ordered perfect rest with a generous diet for a week. On the 17th ult. I was summoned again, and found her flooding, with expulsive pains of the uterus. After a partial arrest of the flooding, I made an examination per vaginam, and to my surprise found the os dilated to the size of a dollar, and a polypus the size of a goose egg, with a neck about three inches long and an inch in diameter, situated upon the left side, and lower edge of the body of the uterus. After the vaginal examination, large quantities of dark offensive coagula came away. The administration of plumbi acetat. and pulvis opii,

&c., arrested the hemorrhage, and in some degree stopped the pains. I then proceeded to pass Dr. Gough's canula, armed with a ligature, within the uterus till it reached the base of the tumor, when the canula was secured and the ligature tightened, to be repeated every day till it came away. Seven days afterwards the canula and polypus were expelled, accompanied by coagula of a foetid character. Tonics, quiet and a generous diet were ordered. The abdomen soon became reduced to its natural size; the pulsations, pains and hemorrhage ceased, and she is now quite hearty and well. The tumor was of a fibrous texture.

This lady had been troubled with hemorrhage and pains in the back and region of the uterus for four months. The movements had been felt for about two months. She had been treated by several physicians for simple menorrhagia during the whole time. I have had several cases of polypus of the uterus, but have never met with movements or pulsations in the region of the polypus; whether they were real or imaginary, I cannot tell.

Bates Co., Mo., July, 1855.

J. E. THOMPSON, M.D.

Hospital Reports.

MASSACHUSETTS GENERAL HOSPITAL.

Cases of Rheumatism treated by Carbonate of Soda.—(Reported, by request of Dr. PERRY, by CALVIN ELLIS, M.D.) CASE I.—W. W., an Irish domestic, 25 years of age, entered the Hospital on January 6th, after suffering two days with rheumatism, of which she had had an attack about a year previous. At the time of entrance there was pain in shoulders, hips, knees and feet, without much swelling. After making use of a variety of remedies, she was still complaining of pain in feet on June 2d, when she began to take bicarbonate of soda \mathfrak{Dj} , every four hours. Two days after, there was less pain, and from that time she continued to improve, until the 13th, when she was able to walk out. On the 18th she was discharged.

CASE II.—M. O'B., an Irish domestic, æt. 20 , entered the Hospital on January 29th, having been attacked with rheumatism a week before. The disease assumed a sub-acute form, and she was complaining of pain in neck and shoulders, with swelling of feet, on June 2d, when soda was prescribed as in the preceding case. No improvement was at first noticed; but in less than a fortnight it was marked, although by no means continuous. On the 19th she was reported as much better than for some time previous. A few days afterwards, she was again complaining of pain, and was still under treatment on July 2d.

CASE III.—M. H. Married; Irish; æt. 44 . Patient was attacked with rheumatism on April 2d, and entered the Hospital on the 19th. On June 2d, she complained of swelling, with great pain and soreness of wrists and ankles, rendering motion almost impossible. Soda was administered as in the other cases. In two days she was reported as more comfortable, and on the 12th had so far improved that she was able to sit up. She was still under treatment on July 3d, with some trouble in the hands and feet.

CASE IV.—M. R., an Irish laborer, 23 years of age, had always enjoyed

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good health, until attacked, in the latter part of February, with rheumatism, which confined him to his bed during the greater part of the time, until he entered the hospital on April 24th. He then complained of pain in the right hip, and about the thorax. Colchicum and other medicines were administered until June 2d, when he was troubled with stiffness of neck and of upper and lower extremities. Soda was then prescribed. Improvement at once commenced, and continued, with only a slight return of pain at the end of a fortnight, and on June 19th he was discharged well.

CASE V.—M. M., single; domestic; Ireland; æt. 19. Patient belonged to a healthy family, and had always enjoyed good health herself until June 1st, when, without known cause, she was attacked with pain in both knees. On the following day she was confined to her bed, the pains extending to feet and upper extremities. She entered the Hospital on June 5th, complaining of pain in knees, elbows, wrists and ankles, which were red, swollen and tender. There was also pain in chest on full inspiration. The skin was very hot, without much perspiration. Saliva, perspiration and urine, acid. Tongue dry, with a thick, dirty-white coat. Preceding night sleepless. Pain under left breast on full inspiration. Sounds of heart rather obscure; no souffle. Soda was administered, as in the other cases. On the following day the pain was reported less, and the sounds of the heart normal. From this time she continued to improve until the 12th, when she was entirely free from pain. On the 15th she was able to sit up during a part of the time. The secretions mentioned were slightly acid on the 14th, and on the 22d were alkaline, with the exception of the urine, which was, probably, not examined. Pain has not returned, and patient is in every respect doing well.

CASE VI.—J. N., seaman; æt. 37. Was first attacked with rheumatism, on December 8th, while at sea, and entered the Hospital April 26th, with joints generally affected. He also had inflammation of the conjunctiva and cornea. He began to take soda on June 2d, when he complained of much pain in shoulders, knees and ankles. The eye was still inflamed. On the 7th he was discharged, much relieved; but has since returned, and is now under treatment.

In one of the above cases, several of the secretions are mentioned as becoming alkaline as the disease yielded. In all of the others, the saliva, urine and perspiration were decidedly acid at the commencement of the treatment, but the acidity diminished as the pain and troublesome symptoms subsided.

Bibliographical Notices.

Clinical Lectures on the Diseases of Women and Children. By GUNNING S. BEDFORD, A.M., M.D., Professor of Obstetrics, the Diseases of Women and Children, and Clinical Midwifery in the University of New York. New York, Samuel S. and W. Wood, 1855. 8vo. Pp. 563.

These lectures contain graphic descriptions of the diseases of women and children, with judicious advice as to treatment. The subjects of discourse being derived from such cases as occur in the course of clinical instruction, are of course of the most varied nature, and are presented to the reader without the slightest attempt at methodical arrangement, which detracts much from the value of the work as a text book, although this defi-

ciency is in some measure supplied by a copious index. The style of the writer is objectionable. Without being a direct appeal to the public, there is an air of ostentation plainly visible in every page, which is offensive to good taste. This is very obvious in the conversations between the Professor and his patients, which are interspersed throughout the book, and which from their close resemblance in style and language to each other lead one to the inference that they are in some cases purely imaginary. We do not doubt the facts stated by Professor Bedford, but we think that they would carry more weight had they been expressed with more simplicity and modesty. A large number of rare and interesting cases are presented to the reader, and we recommend the book as one though not free from grave faults, yet as of value to the profession.

Review, Opinions, &c., of Dr. Charles A. Lee and others of the Testimony of Drs. Salisbury and Swinburne on the Trial of John Hendrickson, Jr., for the Murder of his Wife by Poisoning. New York, 1855. Pp. 44.

In May, 1854, we published a critical review of the testimony of Drs. Salisbury and Swinburne, showing that the conclusions arrived at by these gentlemen, being based on insufficient grounds, were erroneous. We believe that the scientific public agree in this opinion, and that there is no doubt that John Hendrickson, Jr. was innocent of the crime for which he was executed. It is not often that such a fearful mistake is committed in this country, but the issue of this trial and of that of Dr. S. T. Beale, of Philadelphia, show the danger to which all are exposed by a partial examination of scientific opinions. The pamphlet whose title is given above contains statements by a number of eminent authorities on the question, particularly a paper by Dr. Charles A. Lee, read before the N. Y. State Medical Society, in Feb. 1855, and "unanimously adopted by the Society." We hope it will be widely circulated, and that it may be the means of preventing such melancholy mistakes in future.

The Bane and Antidote.—A Surgical Adjuvant and Reporter of Artificial Limbs. By B. FRANK PALMER. Philadelphia, 1855.

The pamphlet which bears this infelicitous title contains a description of Palmer's celebrated artificial leg, with some hints to the surgeon as to the place of election in amputations. We commend the latter to the attention of our brethren. Undoubtedly where the nature of the case leaves any choice as to the point where a limb is to be cut off, the opinion of so skilful an artist as Mr. Palmer is of great value, and ought to be listened to by the operator. Mr. Palmer thinks that if a stump ten inches in length below the knee cannot be obtained, it is best to amputate just below the tuberosity of the fibula. The artificial limb, provided with a joint, is attached to the flexed knee, the thigh being elongated but about half an inch, which is not perceptible. "The operation for the application of this leg, should be performed just below the tuberosity of the fibula, so as to allow the end of the stump when flexed, to fall *one inch* back of the thigh, to form a sort of grapple, as it fits the concavity of a soft socket, by which means the limb may be held securely in its place without any appendages connected to the waist or shoulders. The end of the stump is so secure (in the hollow of this flexible socket), from any pressure, that use does not produce excoriation or inflammation, and we have, in repeated instances, applied the limb to the patients of Professors Mütter and Pancoast, in JEFFERSON COLLEGE, within

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six weeks from the day of amputation, and without any danger of immediate or remote inconvenience to the wearer."

The following remarks are worthy of attention. "We are now treating a case of *amputation through the tarsus*, presenting a well-healed and eminently *useful* stump. It is Sedillot's modification of Chopart's operation, in which the cuboid and scaphoid bones remain, to which the flexor muscles are so well attached as to *counteract* the antagonism of the tendo-achillis; thus retaining the heel in a position to support the weight with comfort, *in active use*. But we should observe that this is one case *out of fifty*, and we are almost weekly appealed to by patients who, having suffered this mutilation, find that the *careful treatment of years* will not heal the stumps; and the contraction of the gastrocnemius muscles, causes such depression of the cicatrized surface that the least attempt at walking keeps up ulceration of the cicatrix, which is often followed by *caries of the bones*. And we have taken several such cases to the excellent Jefferson College for amputation *above the ankle*, all of which resulted most favorably."

"An ample and well adjusted *flap* is, in all cases, highly desirable, as it prevents those unpleasant sensations which often arise from the slightest tension of the thin skin, which otherwise is the only covering of a pointed and protruding bone. The double flap, of Liston, is admirably suited to our uses; others may be as good; and the circular operation with well-formed flaps sometimes furnishes most successfully the *conical shape* we desire."

The following conclusions as to *place of election* are submitted for the surgeon's consideration.

"1st. The *lower third of the leg*, or about ten inches below the inferior edge of the patella. Remove the malleoli fully *always*.

"2d. The lowest point possible between the first point and the upper third, at which a good *flap* can be made.

"3d. Immediately below the tuberosity of the fibula, if not practicable to save five inches below the patella, *with full use of joint*.

"4th. The lower third of thigh—*ten inches from perinæum*. Double flap. Always fully remove the condyles of the femur.

"5th. *The utmost length possible*, if necessarily amputated above the fourth place of election."

We believe that Palmer's leg is universally considered the "best substitute" for the natural limb. By giving to the pamphlet which describes it a title conveying some remote idea of the nature of its contents, and by using a somewhat clearer and more methodical style, the author may possibly extend the knowledge of his world-renowned invention.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 19, 1855.

THE TREATMENT OF CANCER BY THE METHOD OF LANDOLFI.

For several years past, Dr. Landolfi, chief surgeon to the Sicilian army and clinical professor of cancerous diseases in the Ospedale della Trinità at Naples, has been engaged in a series of experiments with a view to the discovery of some method of curing cancer. An interesting article in the *Archives Générales de Médecine* for May, affords us an opportunity of lay-

ing before our readers a description of the processes employed, and the results which have so far been obtained.

The specific remedies vaunted in the treatment of this disease, hitherto regarded as incurable, have given rise to well-grounded suspicion. The inventors are for the most part either physicians who have abandoned the ranks of the regular profession, or men completely ignorant of the science of medicine, whose zeal in proclaiming their discoveries is in proportion to their want of knowledge of the end to be attained. Dr. Landolfi does not belong to the class of inventors of secret remedies. His method is shrouded in no mystery. To use his own favorite expression, he seeks to promulgate the means he has employed, for the interests of humanity, and it is his earnest desire to submit them to a rigorous scientific investigation. To this end he has visited the great centres of science in Germany, and is now in Paris, where he is testing his method at the hospice of the Salpêtrière, upon patients selected by MM. Morissenet, Cazalis et Manec, physicians and surgeons to the establishment, assisted by a commission composed of MM. Mounier, Broca and Furnari.

The principle upon which the treatment rests, consists in transforming a tumor of malignant nature by imparting to it a character of benignity which will permit it to heal. This transformation is effected by means of cauterizations with an agent which is considered specific, the *chloride of bromine*, combined in some cases with other substances already frequently tried, but hitherto employed separately. The internal treatment is only accessory to the local application. The formulæ for the caustic are principally the following:—R. Chlorides of bromine, of zinc, of gold, of antimony; mix in equal parts, and add to the compound liquid sufficient flour to make a viscid paste.

The proportions of these ingredients were subsequently varied. R. Chloride of bromine 3 parts, of zinc 2 parts, of antimony 1 part, of gold 1 part. Powder of liquorice root, enough to make a thick paste. It is necessary to prepare the above in the open air, on account of the acrid vapors which are discharged.

The essential ingredient in these mixtures is the chloride of bromine, which has been latterly employed alone by Dr. Landolfi, being simply mixed with the powdered liquorice. According to Dr. Landolfi, the chloride of zinc is indispensable in ulcerated cancers, as an hemostatic. The chloride of gold is only useful in a small number of circumstances, particularly in the case of encephaloid disease, in which it appears to exercise a special, if not specific action. Cancers of the skin, epithelioma, lupus, and cystisarcoma of small extent, are treated by the chloride of bromine mixed with basilicon ointment, in the proportion of 1 to 8.

In employing this agent, the healthy parts surrounding the cancerous tumor are covered with broad compresses spread with an ointment composed of 8 parts chloroform to 30 of lard, or cold cream. The paste is then spread on small pieces of linen, which are placed over the diseased mass, in such a manner as to cover it completely, except for a short space from the circumference, its action often extending for a distance of one or two lines. M. Landolfi calculates that a layer one line in thickness will act to a depth of half an inch. During this application, the precautions mentioned above should be taken to avoid the pernicious effects of the vapor of chlorine, by placing the patients near an open window. After the paste has been applied, it is covered with scraped lint, and compresses, which are kept in place by strips of adhesive plaster.

The first effect of the application of the paste is a vivid sensation of heat, soon followed by pain, which is often intense, lasting from four to six hours, or longer. At the end of twenty-four hours the caustic is removed, and a line of demarcation is almost always found, separating the sound from the diseased parts. The tumor itself is partly white, partly reddish, or marbled yellow and blue. A bread poultice, lettuce leaves, or compresses spread with basilicon ointment, are applied, and renewed every three hours, until the eschar separates, which process takes place about the fourth or fifth day, and is completed without pain between the eighth and fifteenth, leaving a surface covered with granulations, and secreting pus of a good quality. In most cases the cure takes place rapidly, cicatrization progressing from the circumference, and resembling that following a wound made by a clean incision.

There are two questions of interest which occur in relation to this subject. The first is, as to the innocence of the remedy. The testimony in this respect is so unequivocal that it commands conviction. None of the observers, more or less favorable, who have closely followed the experiments in Italy or Germany, have noticed any grave accident caused by its employment.

The second question is more delicate; were the tumors treated by Dr. Landolfi really cancerous? Certainly there never was a time when there was less disposition to admit the affirmative of this question without the most rigid scrutiny. While it is possible that the author has been often deceived in the character of the disease he has cured, we cannot but agree with Dr. Lasèque, the learned editor of the Archives, to whom we are indebted for the foregoing account, that "if carefully-instituted experiments have not yet proved that we possess a specific for cancer, observation authorizes us to believe that the treatment recommended by Dr. Landolfi fulfils conditions of great value; that it cures, without risk to the patient, tumors and ulcerations whose treatment has hitherto been dangerous or difficult; that it affords to the surgeon a means of modifying diseased structures, at once powerful and safe, improving the condition of sores which art failed even to palliate; that its author, in fine, deserves to be distinguished from the crowd of inventors, whose panaceas cease to be useful after they are discovered to be neither specific nor infallible."

MASSACHUSETTS MEDICAL SOCIETY.

THIS Society held an adjourned meeting in this city on Wednesday last. The principal business was the trial of two members residing in Boston, one for conviction of crimes under the laws of the land, and the other for alleged procuring abortions. These charges had been investigated by the Suffolk District Society, which recommended the expulsion of the accused. The former was not present, having intimated that he should offer no defence. The latter attempted to exculpate himself, but failed to convince the Society of his innocence. Both were expelled.

Certain alterations and additions to the by-laws relative to the admission and expulsion of members were offered to the meeting by a committee appointed for the purpose at the annual meeting. These were ordered to be printed for the use of the members, and referred to the Councillors for their adoption. They will probably receive an early insertion in this Journal.

It was announced at this meeting that through the liberality of one of its members the Society was authorized to offer a prize of one hundred dol-

lars to the author of a dissertation, which may be adjudged worthy thereof, on "the history and statistics of ovariectomy, and under what circumstances the operation may be regarded as safe and expedient." This prize is offered to the profession throughout the country. It is intended that the sealed envelope containing the name of the successful competitor shall be opened in public at the annual meeting in May, 1856.

EDINBURGH MEDICAL AND SURGICAL JOURNAL.

This valuable Journal, for many years the sole organ of the medical profession in the Scottish metropolis, closed, with the April number, its separate and independent existence as a quarterly periodical. Henceforth it is to be united with the Monthly Journal, under the title of the "Edinburgh Medical Journal," which will be issued every month. During the whole of its existence, the Edinburgh Medical and Surgical Journal has occupied a leading position in scientific periodical literature, and has exercised a most favorable influence on the progress of medicine not only in Great Britain, but throughout Europe and this country. Under the new arrangement we have every reason to believe that the amalgamated journals will continue to sustain the high reputation for which they have been singly so distinguished.

The Jews' Hospital.—A new hospital has been added to the list of *Institutions* already in existence in this city; we refer to the *Jews' Hospital*, so called—having been planned and erected by the munificence and voluntary contributions of members of the Hebrew faith. The hospital is situated in 25th street, between 7th and 8th Aves., and can accommodate from 100 to 150 patients. It is built with all modern improvements, being excellently ventilated,—with high rooms—hot air furnaces, and every convenience in the way of water and closet accommodations desirable. The house was opened on the 5th of June, for the reception of patients, and numerous applications have already been made. The following is the Medical Staff: Resident and Attending Physician: Dr. MARK BLUMANTHAL; Attending Surgeons: Drs. ISRAEL MOSES, TH. P. MARKOE, and ALEX. B. MOTT; Consulting Physicians: Drs. C. R. GILMAN, W. DETMOLD, WILLIAM B. MCCREADY, and W. MAXWELL; Consulting Surgeons: Drs. VALENTINE MOTT, WILFRED PARKER.—*N. Y. Journal of Med.*

Tincture of Iodine with Chloroform in Inhalation.—In the Bulletin de Therapeutique of Paris, M. Titon calls attention to the perfect *solubility and volatility* of iodine in chloroform. He says chloroform dissolves iodine even to complete saturation in the proportion of 20 to 100. Ten minutes after an inhalation of five minutes, the iodine was detected in the saliva, and in fifteen minutes in the urine. It may be breathed from a phial held to one of the nostrils for two, four, or ten minutes.

This is certainly a new and most efficient mode of administering iodine, decidedly one of the most valuable agents of our *materia medica*.—*Nashville Journal of Med. and Surgery.*

Cholera in New Orleans.—The health of the City up to the second week of May, had been good, the mortality having been from 130 to 140 per week. In April, the weekly mortality did not much exceed 100. In the fourth week of May (the prolonged drought not having been mitigated) Cholera appeared very suddenly; the mortality amounted to 385, that from

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Cholera alone to 204. The week ending June 4th, gave a mortality of 504—from Cholera, 278. The interments during the next week, ending on the 11th, fell to 381—Cholera to 201; the following week, ending June 18th, the total mortality declined to 236, and that of Cholera to 76.

At present, June 21st, the health of the City is improving, and the mortality is declining to the minimum of the most healthy summer seasons.—*N. O. Med. and Surg. Journal.*

Increase of Insanity in the Department of the Seine.—It appears from the researches of the Director de l'Assistance Publique, that the number of the insane in the department has in 10 years increased by 1073 individuals, or 107 yearly. If we go back to former years the increase becomes still more striking. Thus, in 1801, the number of insane on the 1st of January of that year was 946; it rose by the end of 1820 to 2392; to 2445 in 1838; to 2602 in 1844; and to 4189 on the 31st of December, 1853. When we attempt to determine the causes of this extraordinary increase, so out of proportion with that of the general population, we soon perceive their diversity. First, the legislature itself has contributed to it by increasing the number of admissions, by adding idiots and imbeciles to the number of the insane, and by admitting children at all ages. On the other hand we must keep in mind the law of sequestration now applied to dangerous lunatics, and the facilities given for the private treatment of this malady; lastly, the lowering of the mortality, as a direct consequence of the increased care and attentive treatment of the insane, contributes to the increase in the number of the survivors.—*Annales Medico-Psychologiques.*

MASSACHUSETTS GENERAL HOSPITAL.

Operations performed during the fortnight ending July 7.

By Dr. WARREN.—Brainard's operation for ununited fracture of the humerus, twice; lithotritry, twice; operation for cancer of lip; for hare-lip.

By Dr. TOWNSEND.—Amputation of thigh; amputation of thumb.

By Dr. CABOT.—Operation for hare-lip.

By Dr. HENRY J. BIGELOW.—Removal of carious bone from tarsus and metatarsus; excision of a melanotic growth from dorsum of foot; operation for fistula in ano.

By Dr. GEORGE H. GAY.—Excision of a tumor adherent to hard palate.

NOTICES.

Communications Received.—Inhalation of chloroform in an acute bilious attack.—Iodine and nitrate of silver in cutaneous inflammations.—Spontaneous disappearance of abdominal tumor.—Case of adherent placenta.

Pamphlets Received.—Transactions of the State Medical Society of the State of New York, transmitted to the Legislature, February 13, 1855.—Thoughts on Yellow Fever, by J. S. McFarland, M.D. New Orleans, 1855. Pp. 8.

DIED.—At South Boston, 13th inst., Dr. John Colby York, aged 25 years.—At Dedham, Dr. Samuel Stillman Whitney, aged 43 years.—At his residence, in St. Louis Co., Mo., 15th ult., Dr. S. F. Bonfils, son of the late Professor S. F. Bonfils, aged 35 years.

Deaths in Boston for the week ending Saturday noon, July 14th, 59. Males, 23—females, 36. Accident, 1—cancer, 1—consumption, 10—convulsions, 1—cholera infantum, 2—croup, 2—dyspepsia, 1—dysentery, 2—dropsy, 3—dropsy in the head, 3—infantile diseases, 2—puerperal, 1—typhoid fever, 1—scarlet fever, 1—homicide, 1—hooping cough, 1—disease of the hip, 1—jaundice, 1—inflammation of lungs, 1—disease of the liver, 1—marasmus, 2—old age, 1—pleurisy, 1—peritonitis, 1—smallpox, 3—disease of the spine, 1—teething, 2—unknown, 4.

Under 5 years, 27—between 5 and 20 years, 3—between 20 and 40 years, 10—between 40 and 60 years, 14—above 60 years, 5. Born in the United States, 40—Ireland, 15—Germany, 1 British Provinces, 2—England, 1.

Boston Veterinary Institute.—This Institute, incorporated by the late Legislature, has been organized by the choice of the following officers:—

William S. King, Chairman; John P. Jewett, Treasurer; C. L. Flint, Secretary. President of the Institute, D. D. Slade, M.D. Faculty—George H. Dadd, Professor of Anatomy and Physiology; Chas. M. Wood, Professor of Theory and Practice; Robert Wood, Professor of Cattle Pathology. Board of Examiners—D. D. Slade, M.D., John W. Warren, M.D., George Bartlett, M.D., Charles Gordon, M.D.

The first session of this institution will commence on the first Monday of November, 1855, and will continue four months. The object in view is to afford ample instruction to those persons desirous of qualifying themselves for the practice of veterinary medicine and surgery.—*Bee.*

Ohio State Medical Society—Patents.—At the last Annual Meeting of this Society, held at Zanesville on the 5th, 6th and 7th ultimo, the Society very promptly, and with much unanimity, repealed the resolution offered by Dr. Grant at its annual session in 1854. As the knowledge of the passage of the resolution has passed far beyond the local bounds of the Society, we subjoin the resolution rescinding the same, prefacing them only with the remark, that our readers and the profession generally will rejoice with this demonstration of the fact, that there is sufficient conservatism in its ranks to stay the truant wanderings of *young physic*. The following are the resolutions:

Resolved, That the resolution offered by Dr. Grant (a member of this Society, and not at this, or at that time, a practitioner of medicine), at the last session of this Society, which says, "that it is not derogatory to medical dignity, or inconsistent with medical honor, for medical gentlemen to take out a patent right for surgical or medical instruments," was offered at a time when many members of the Society had left for their homes, and was not, therefore, the sense of this Society.

Resolved, also, That said resolution is in direct opposition to the code of Medical Ethics adopted by the Society, and, therefore, be it further

Resolved, That said resolution offered by Dr. Grant, and adopted by this Society, be, and is hereby, rescinded.—*N. Y. Journal of Medicine.*

Abscess of the Tonsil followed by Death.—By DR. MULLER.—A man 44 years old, previously well, was attacked on the 9th August, 1854, with a slight sore throat, to which he paid but little attention. On the 13th the difficulty of swallowing having increased, he consulted a surgeon, who advised poultices and gargles. He was seen by Dr. Muller on the 16th; it was stated that he had discharged from the throat, pus, mixed with a good deal of blood; there was but little pain, but deglutition was very difficult; there was no feverishness; a small tumor was perceived in the region of the left tonsil. The same remedial measures were continued. The same evening and night there was abundant hæmorrhage; the patient seemed anæmic, and was extremely exhausted. Cold fomentations and drinks were prescribed without avail; the bleeding soon returned, and the patient died in a few hours.

At the autopsy, the left tonsil was found converted into an abscess; at the bottom of a cavity about the size of a nut, filled with coagulated blood, was seen the external maxillary artery, its coats thinned and ulcerated; the carotid and its branches were found healthy.—*Medizinisches Correspondenz-Blatt des Wartenbergschen Aerztlichen Vereins*—In Gazette Medicale de Paris—May, 1855.

The above observation is curious, because nothing during life could have excited a suspicion of the cause of an affection so quickly fatal. The lesion of the artery was entirely local and not at all dependent on a general affection of the vessels.—*Gaz. Med.*

College of Physicians and Surgeons, New York.—We are gratified to learn that this College have purchased an eligible site for a new edifice, at the corner of Fourth avenue and Twenty-third street. The building is to be a model of its kind, and will be ready for occupation at the usual season of commencing the winter course of lectures.—*N. Y. Journal of Medicine.*

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